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Bib Data Sheet

CONFIRMATION NO. 3114

<b>SERIAL NUMBER</b> 09/808,099	<b>FILING DATE</b> 03/13/2001 <b>RULE</b>	<b>CLASS</b> 381	<b>GROUP ART UNIT</b> 2644	<b>ATTORNEY DOCKET NO.</b> 2506.2013-001
<b>APPLICANTS</b> Christopher J. Poux, Trenton, NJ; Wayne J. Staab, Phoenix, AZ; Geary A. McCandless, Dammeron Valley, UT; Walter P. Sjursen, Washington Crossing, PA; Frederick J. Fritz, Skillman, NJ; Thomas J. Squeglia, Belle Mead, NJ; Gerald R. Iannelli, Marlton, NJ; Richard M. Moroney III, Princeton, NJ; Jennifer L. Semanchik, Lawrenceville, NJ; Sterling E. McBride, Princeton, NJ; Randall R. Tucker, West Windsor, NJ; Reuben Q. Zielinski, Belle Mead, NJ; John G. Aceti, West Windsor, NJ; Frederick Kelmer JR., Monroe Township, NJ;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/188,996 03/13/2000 AND CLAIMS BENEFIT OF 60/208,634 06/01/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/21/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS (DRAWING)</b> 18	<b>TOTAL CLAIMS</b> 80	<b>INDEPENDENT CLAIMS</b> 8
<b>Verified and Acknowledged</b> Examiner's Signature _____ Initials _____				
<b>ADDRESS</b> Leo R. Reynolds, Esq. #21005 Hamilton, Brook, Smith & Reynolds, P.C. Two Militia Drive Lexington, MA 02421-4799				
<b>TITLE</b> Hearing aid format selector				

<b>FILING FEE RECEIVED</b> 2320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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